

11

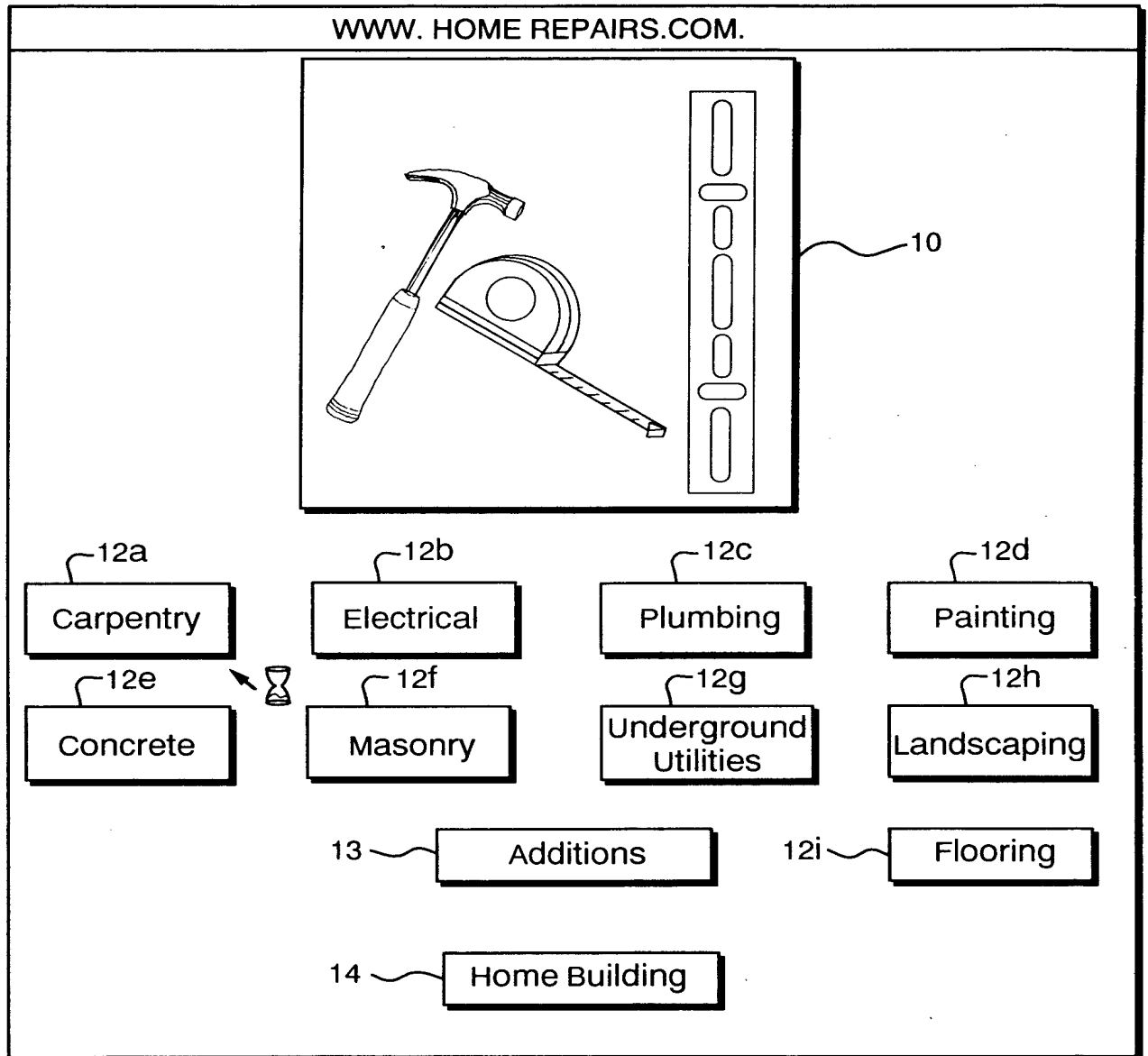


FIG. 1

2025-11-19 14:53:23

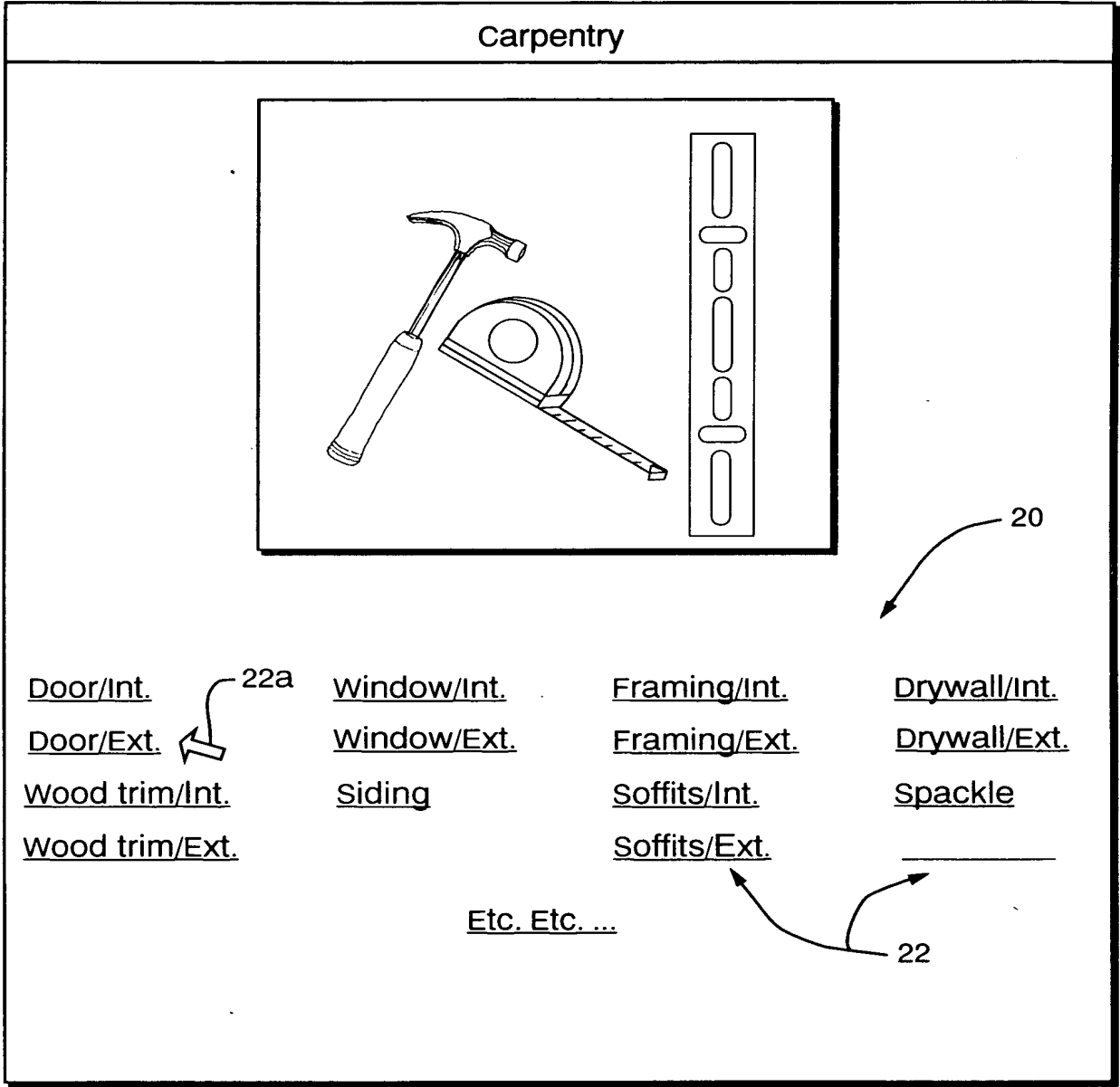


FIG. 2

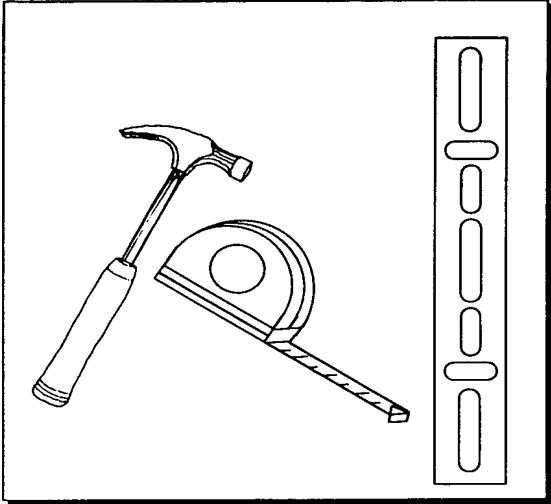
Carpentry/Doors															
<p><u>Type of Door</u></p> <p>Wood <input checked="" type="checkbox"/> ↖</p> <p>Metal <input type="checkbox"/></p> <p>Fiberglass <input type="checkbox"/></p> <p>31 ↗</p>		<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Type</td> <td><u>Wood</u></td> </tr> <tr> <td>Style</td> <td><u>Single</u></td> </tr> <tr> <td>Instal</td> <td><u>New</u></td> </tr> <tr> <td>Face</td> <td><u>Brick</u></td> </tr> </table>		Type	<u>Wood</u>	Style	<u>Single</u>	Instal	<u>New</u>	Face	<u>Brick</u>				
Type	<u>Wood</u>														
Style	<u>Single</u>														
Instal	<u>New</u>														
Face	<u>Brick</u>														
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Single <input checked="" type="checkbox"/> ↖</td> <td style="width: 25%;">Double <input type="checkbox"/></td> <td style="width: 25%;">Storm <input type="checkbox"/></td> <td style="width: 25%;">Garage <input type="checkbox"/></td> </tr> <tr> <td>Sliding <input type="checkbox"/></td> <td>French/Single <input type="checkbox"/></td> <td>French/Double <input type="checkbox"/></td> <td>Basement <input type="checkbox"/></td> </tr> <tr> <td colspan="4">Shelter <input type="checkbox"/></td> </tr> </table>				Single <input checked="" type="checkbox"/> ↖	Double <input type="checkbox"/>	Storm <input type="checkbox"/>	Garage <input type="checkbox"/>	Sliding <input type="checkbox"/>	French/Single <input type="checkbox"/>	French/Double <input type="checkbox"/>	Basement <input type="checkbox"/>	Shelter <input type="checkbox"/>			
Single <input checked="" type="checkbox"/> ↖	Double <input type="checkbox"/>	Storm <input type="checkbox"/>	Garage <input type="checkbox"/>												
Sliding <input type="checkbox"/>	French/Single <input type="checkbox"/>	French/Double <input type="checkbox"/>	Basement <input type="checkbox"/>												
Shelter <input type="checkbox"/>															
<p style="text-align: center;"><u>Installation / Placement</u></p> <p>Existing <input type="checkbox"/> or New <input checked="" type="checkbox"/> ↖ 33</p> <p><u>Describe Area if "New"</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Brick</td> <td style="width: 33%;">Siding</td> <td style="width: 33%;">Concrete</td> </tr> </table> <p style="text-align: right;">34 ↖</p>				Brick	Siding	Concrete									
Brick	Siding	Concrete													

FIG. 3

00765961-011603

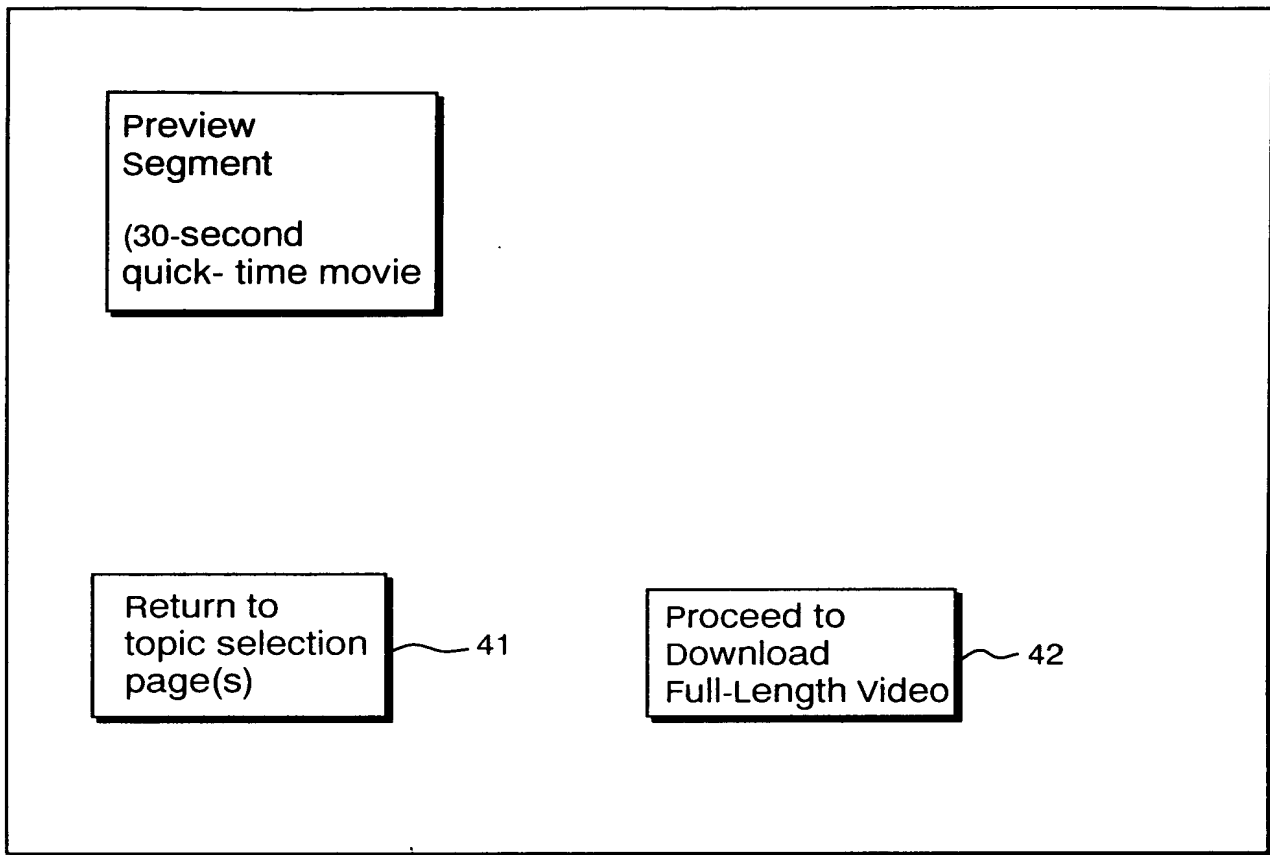
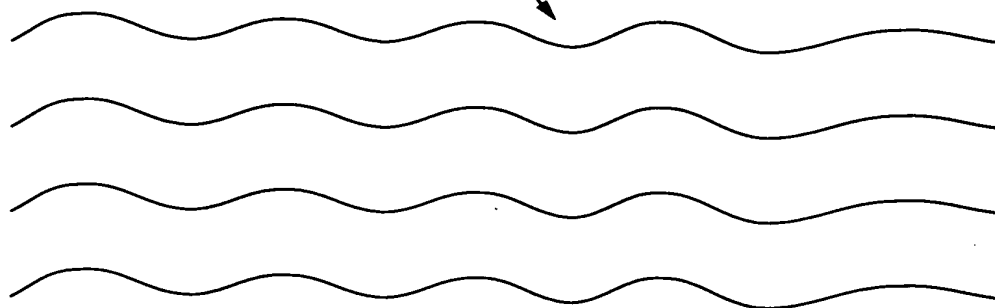


FIG. 4

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50

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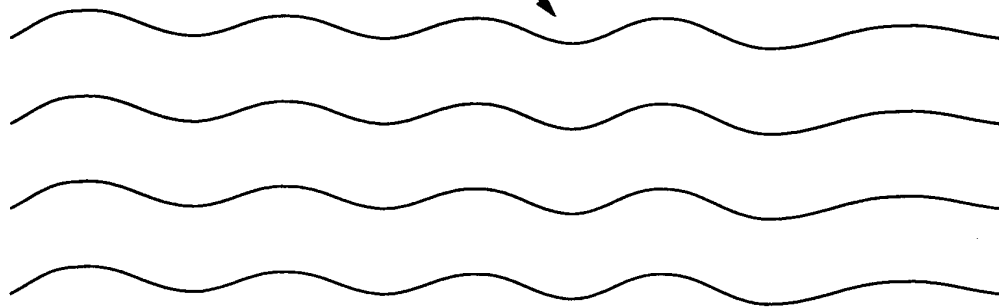


52
CONTINUE

FIG. 5

60

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Warranties 61



Enter Name

Enter Credit Card No.

Enter Zip Code

62

63
SUBMIT

FIG. 6

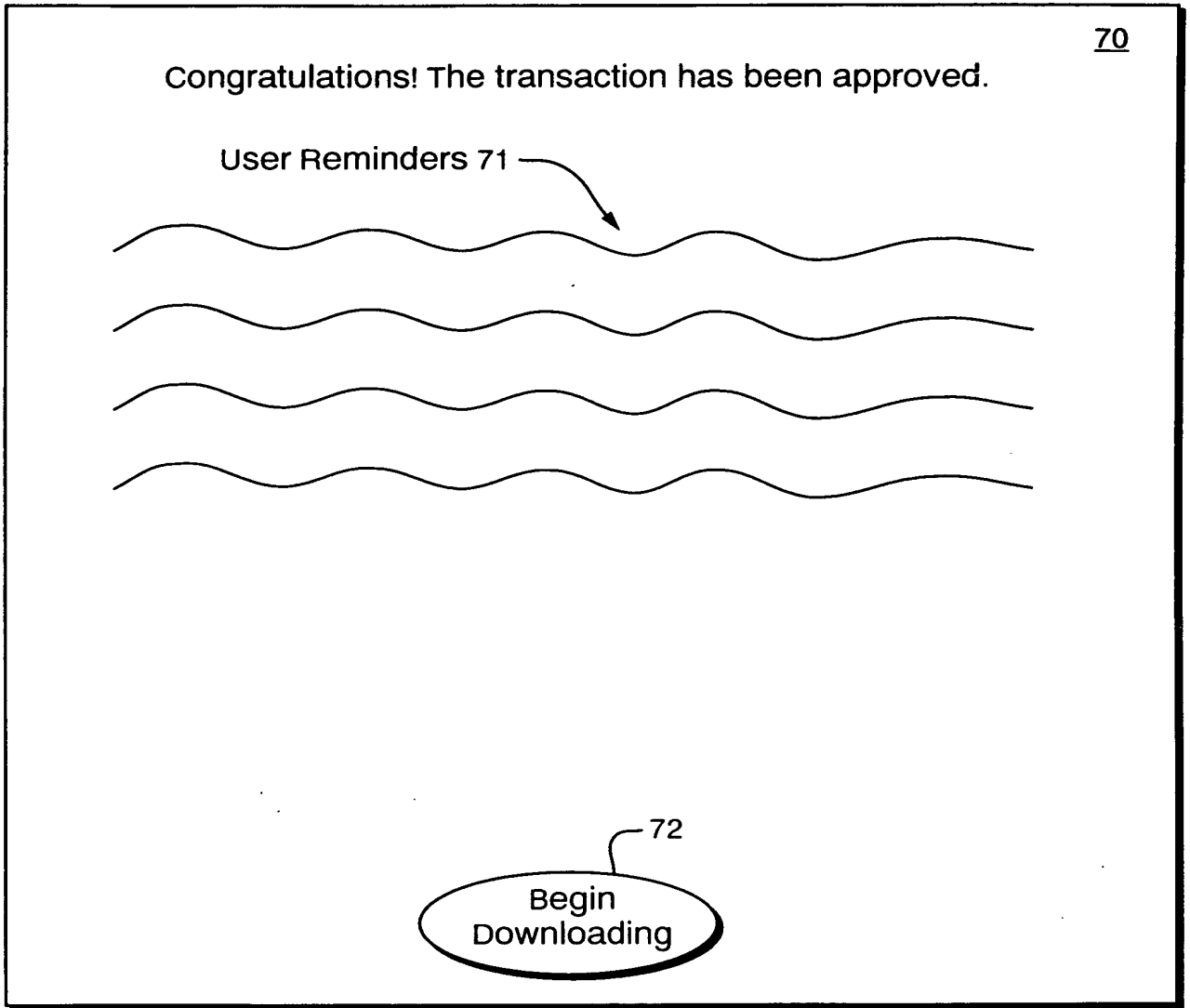


FIG. 7

2025-10-10 14:59:25



Zip Code xxxxxProject xxxxxx

Material Item	Quantity	Price	Supplier(s)
			
			
			
			
			
			

FIG. 8

Zip Code xxxxx

Project xxxxxxx

Contractor Name	Contact Info.

FIG. 9

00765661-014500